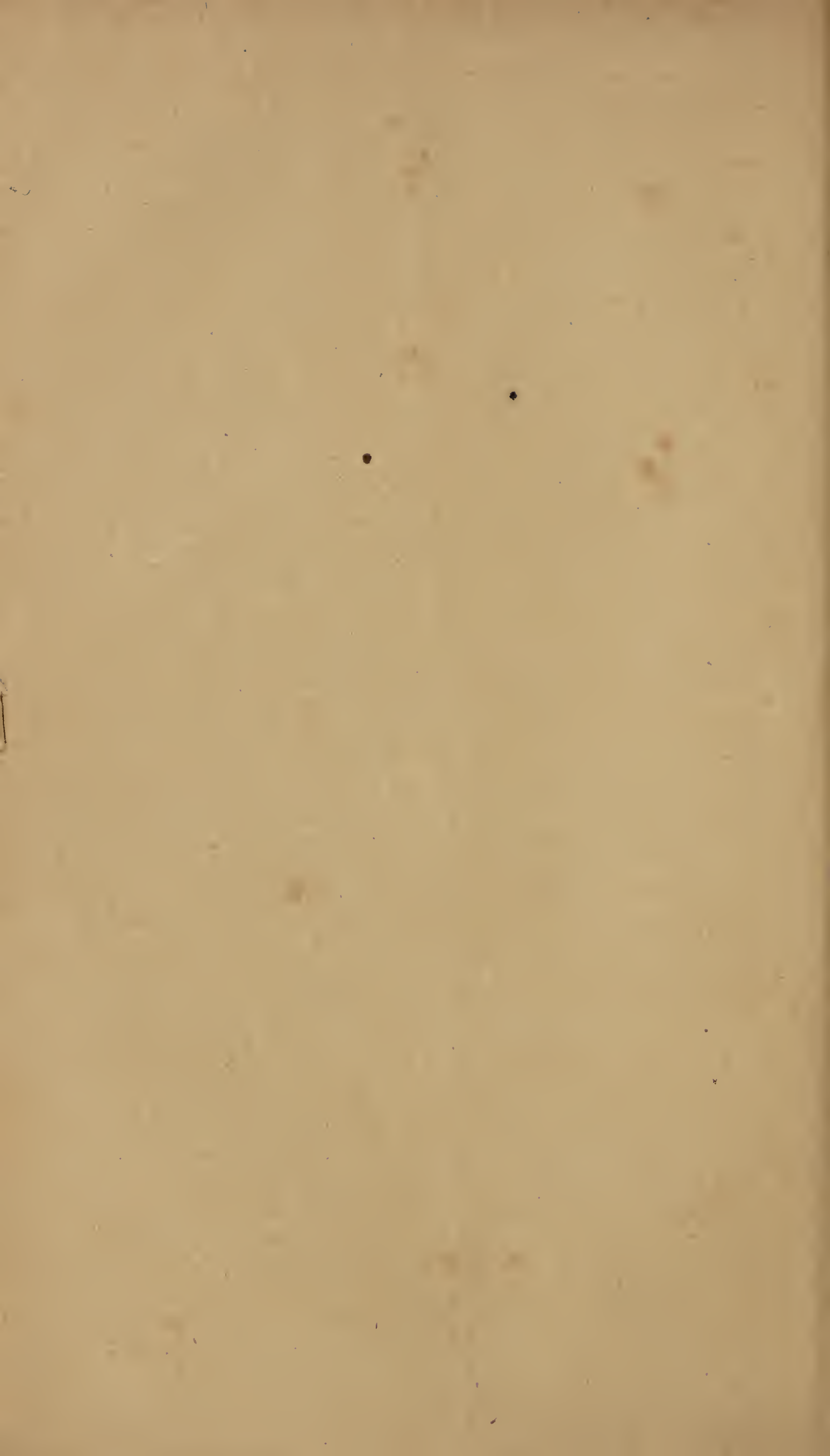


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*Case of Disease of the Spleen, in which death took place
in consequence of the presence of purulent matter in the blood.*
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(From the Edin. Med. and Surg. Journal, No. 165.)

MANY instances of disease of the spleen, especially of chronic enlargement, have been recorded by different observers; and all have contributed more or less to illustrate either the great size which this organ may attain, without much disorganization, or the peculiar nature of different forms of disorganization to which the organ is liable. Probably the most common

[1845]

of all the forms of disease to which the spleen is liable, is that of simple enlargement, without perceptible change of structure, or what may be denominated hypertrophy. I say without perceptible change of structure, because I am not prepared to admit that there is not some change of structure, though that may not be visible on simple inspection, or even capable of demonstration with a good glass. What makes me further think that in several of these instances of enlargement there is some change in structure, is, that the substance of the spleen is invariably firmer, or harder, or more resisting than in the healthy state. On the other hand, the frequency with which even considerable enlargements of the spleen subside, and the organ is restored, so far as we can judge, to its natural size, may be regarded as a proof that the structure is not in these cases very much altered, and perhaps is not at all changed.

For information on these points we are indebted to Bartholin, Blaes, Blanckard, Schenke, Morgagni, and Lieutaud; but, above all, to Bree and Grottanelli.

Christopher Hellwig Schmidt, indeed, published in 1816, at Goettingen, an inaugural dissertation or prize essay on the Pathology of the Spleen, which, it must be allowed, like the dissertations published at foreign universities, contains a very good and learned view of the various morbid conditions to which the organ is liable.* Like inaugural dissertations, however, the author writes rather from the observations and facts collected by others than from personal experience; and though the production is undoubtedly one of great merit, it is deficient in this important and essential character, of facts collected from personal observation and experience.

Dr Bree published his cases in the *Medico-Chirurgical Transactions*; and since his time many isolated communications have appeared in the periodical publications of Great Britain, France, Germany, and Italy.

It is to Stanislaus Grottanelli of Pitigliano, in the Dutchy of Tuscany, that belongs the merit of writing an instructive monograph on the morbid conditions of the spleen; and especially of those which are apt to take place in aguish districts, as the effect either of the aguish miasma without ague, or of the aguish attack once or several times; and though this essay was published in 1821, it is perhaps entitled to the character of being still regarded as the most complete that we possess. Not only has this author recorded accurately a great number of exam-

* Christophori Hellwigii Schmidt, Bremani, *Commentatio de Pathologia Lienis Observationibus per Anatomen institutis, Indagata, ad illustrandam physiologiam Aenigmatici hujus Visceris.* In certamine litterario Civium Academiae Georgiae Augustae Die iv. Junii, 1816, Praemio Regis Munificentia constituto ex Sententia Illustris Ordinis Medicorum Ornata. Goettingæ, 1816. 4to. Pp. 60.

ples of more or less disease of the spleen, but by the introduction of *Mantissae*, in imitation of the older physicians, or clinical discussions and inquiries, he has endeavoured to throw light on all of them, and has exerted himself assiduously to investigate the causes of these diseases, to elucidate their distinctive characters, and to improve and render efficient their treatment. *

It is remarkable, nevertheless, that amidst all these observations, little, I may say no attention has been given to the mode in which, in certain circumstances, disease, probably enlargement of the organ, proves fatal. Grottanelli and others have recorded many cases of disease of the spleen terminating fatally, and they have given, where they have had opportunity, accounts of the appearances found after death. In most of these cases, it was found that the spleen was more or less enlarged, or more or less indurated, or much softer than usual; sometimes occupied with tubercles; sometimes containing one or two abscesses; sometimes dissolved as it were in purulent matter; in other instances connected by adhesions to all the surrounding organs. I have nowhere, however, found an exact or perfect resemblance to the circumstances of the following case and the appearances which it presented after death. Though not unexpected, indeed, it was in some respects new; and, on this account, I made a correct description of it, expecting at some future period that the chief facts might be confirmed by subsequent observation. For this reason I kept it unpublished from the period at which it took place; and it is published at this time, chiefly because the occurrence of a case in many, if not in all respects similar, to another physician in the same hospital, led me to anticipate similar results, and went far to confirm my conclusions deduced from the first case.

Peter Campbell, aged 30, residing in the neighbourhood of Lanark, by occupation a weaver, was admitted on the 24th of February 1841 into the Royal Infirmary, with symptoms of feebleness, impaired health, and diffuse swelling of the belly. The derangement in health and feebleness, he stated, had been continuing for twelve months past. He mentioned that his ailments first began by an attack of illness, of which the prominent symptoms were those of rheumatism, which continued for six weeks. He was then seized with severe pain in the left side, resembling cramp, which had recurred at intervals up to three weeks ago.

On being asked when he first perceived the swelling in the

* Ad Acutæ et Chronicæ Splenitidis in Humilibus præsertim Italiæ Locis consideratae, eidemque succedentium morborum Historias Animadversiones. Auctore Stanislao Grottanelli, Philosophiæ, Medicinæ et Chirurgiæ Doctore, Socio I. R. Academiæ Senensis, &c. Florentiæ, 1821. 8vo, pp. 199.

abdomen of which he now complains, he states, that there was no appearance of this symptom until four months ago, when he first felt hardness and swelling in the left epigastric and hypochondriac regions, but without pain. This swelling has been gradually increasing up to three weeks before his admission, and has been quite stationary since that time to the period of admission.

On admission the belly is uniformly swelled, prominent, and distended, especially the whole of the infra-umbilical region. The swelling is soft and elastic, and compressible over the whole space on the right side of the *linea alba*, and also on the left of the infra-umbilical region, below a line drawn transversely across about half an inch below the *umbilicus*.

On the left of the *linea alba*, however, and above the transverse line now specified, it is hard, resisting, and solid. In this part also the sound elicited by percussion is completely dull; but below the transverse line specified it is much clearer, and in the left iliac region it becomes almost tympanic. On the right side of the *linea alba*, on the other hand, the sound emitted is rather dull, but the swelling is, as already stated, soft and elastic.

On placing the patient in the horizontal position, so as to relax the abdominal muscles, it is easy to feel, nearly at the *linea alba*, but encroaching upon the right side of it, a hard resisting body with a distinct circumscribed edge.

The upper part of this body can be felt as high as the epigastrium, where its edge is hollow or sinuous, and does not cross the *linea alba*. But below that it crosses the *linea alba* and forms a prominent border extending about an inch on right side of *linea alba*. The lower edge of this body is rather irregular, being prominent below the *umbilicus*, but receding towards the left hypochondriac region.

There can be no doubt, nevertheless, that it proceeds from under the left hypochondriac region, which emits a dull sound on percussion, corresponding to the fourth rib, and as far up as the left *mammilla*.

It is also manifest to the eye that the left hypochondriac region is considerably more prominent and bulging than the right. The bowels are stated to have been confined at the first appearance of the tumour about nine months ago; but since that they have been more regular. He has never had any vomiting, shiverings, or chills; but he states that he has perspired considerably during the night the whole course of the disease. The pulse is from 92 to 96 in the minute. Respiration is impeded, and becomes laborious when he ascends a stair or acclivity.

He was ordered to have one drachm of the compound jalap

powder, with fifteen grains of carbonate of soda, and that it should be repeated next morning.

26th. Eight motions, and thinks there is less weight and distension in the abdomen; feels also that he can breathe more easily, but in other respects the appearance of the tumour is the same. Pulse 84; tongue a little furred. The compound jalap powder and carbonate of soda was again ordered; and the following morning one ounce of the volatile oil of turpentine.

27th. Seven motions, and sense of weight and distension still more abated. He has, however, been perspiring very profusely. One drachm of the compound jalap powder, with fifteen grains of carbonate of soda, was prescribed, and next morning the cathartic draught.

March 4th. Tumour continues much in same state. Two motions yesterday. Diaphoresis less urgent. Same medicine as at last report.

5th. Some distension and swelling of belly last night after eating porridge and sour milk. Eleven motions stated. Tongue a little furred. To have additional milk. Compound jalap powder and carbonate of soda.

8th. Considerable swelling of belly, especially the right side. Bowels reported open. Tongue clean.

R. Ioduret. Ferri gr. xii.; Aq. Distill. ℥iij. M.

Capiat unciam unam ter in dies.

9th. Two motions; felt rather swelled and distended. Solution has been taken three times without any sensible effect. Solution has not the usual appearance of ioduret of iron.

R. Ioduret. Ferri gr. xii.; Aq. Distill. ℥iij. Sol.

Capiat unciam unam ter in dies.

23d. Has been going on with the ioduret since last report. Diaphoresis the same as formerly. Urine rather diminished. Considerable swelling of abdomen, with distinct fluctuation in hypochondriac region. Feet also a little œdematous. Bowels reported to be moved three times daily. Pulse 96.

R. Iodinii ℥ss.; Hydriod. Potass. ℥ij.; Ungti Resinosi ℥ij. M. ft. Ungt. assidue supra abdom. infricendum.

Cap. stat. pil. Colocynth. duas et postea Pulv. Jalap. Comp. ℥i.

25th. Rather profuse diaphoresis; complains much of severe pain, confined to the right temporal and parietal region. The pulse is quick, and the skin hot; and the patient is very thirsty. — *Abrad. capillitium et admoveantur hirudines x. temp. dext.*

26th. Leeches bled freely. Tongue a little furred. Pulse 88. Pain in right temporal region abated, but not gone, and he feels general pain round the whole head. The tumour of the abdomen is very much as formerly. The complexion is brownish

coloured and flushed ; the expression that of anxiety and pain ; and the eye is glaring and injected, like a person a little excited by liquor. Two compound colocynth pills were ordered, and to be followed by one drachm of the compound jalap powder.

27th. Three motions, but the pain in head is not abated. It is confined chiefly to the right coronal and temporal regions ; pulse 80 ; the veins of scalp and temporal artery are very much distended ; tongue covered with a whitish viscid fur ; the complexion and expression are as yesterday.

Fiat Venesect. ad ℥xii. vel xvj. prout vires ferunt. Pil. Colocynth. duas.

Intermittatur Iodin. Sol.

28th. Blood drawn to fourteen ounces, but the pain of head scarcely abated ; diaphoresis continued ; pain is confined to coronal and frontal regions of right side, and is aggravated by coughing ; three motions ; pulse 88-90 ; veins of head and temporal artery still very much distended.

Admov. Vesicat. supra latus capitis dextrum.

A blister was directed to be applied over the right side of the head. A pill containing two grains of sulphate of quinine was ordered to be taken three times daily ; and at the hour of rest six grains of calomel and six grains of aloes were directed to be administered.

29th. Blister rose imperfectly, but pain is very much gone ; pulse 84 ; tongue covered with a grey fur ; five motions ; occasional delirium, and a good deal of insensibility.

Con. Pil. Sulph. Quin.

30th. Complains much of thirst, with complete anorexia ; has had no sleep ; pulse 104, rather feeble.

Hab. Mist. Salin. Ammon. ℥i. h. sing. pil. Colocynth. Comp. duas. c. m. Haust. Cath. ℥iv.

April 1st. Died this morning at five o'clock.

Inspection on the 3d April.—The spleen was found extending from about the fourth rib downwards to below the umbilicus in the form of a large pink-coloured tumour. Its upper surface was rough, shaggy, and irregular, with numerous firm adhesions, which had connected it to the muscular peritoneum and abdominal muscles. Firm membranous adhesions also connected it to the lower surface of the diaphragm, and also to the left lobe of the liver. The splenic artery was found larger than usual, and below it a vein, evidently the splenic, as large in diameter as the ring finger of an adult, containing broken-down grumous blood, together with some lightish-coloured matter, which on examination proved to be purulent matter and broken lymph.

The spleen, when removed, weighed seven pounds three ounces and a half. Its colour was of a light pink. Its greatest length, measured from the upper to the lower extremity, was

about $11\frac{1}{2}$ inches; the greatest circumference at its broadest part was 15 inches; and its transverse breadth, measured straight across, $7\frac{1}{2}$ inches.

A section was made of the tumour, and the cut surface was of a bright red colour, fleshy and firm, very much like liver, entirely homogeneous, except at the upper part, where was a small portion a little firmer and of a darker colour. Upon looking closely into the section, it presented the appearance of many whitish bodies, not definite in shape, and seemingly forming numerous *septa* between the red matter. The substance of the organ was not softened, nor easily lacerable, and it resisted a considerable force made to separate it. The vessels were very much enlarged, but presented nothing unusual in their interior. The section presented at its outer margin a layer about two lines in thickness, of a much brighter red, and rather firmer than the rest of the tumour, but this had evidently been caused by exposure to the air.

A considerable quantity of the same kind of pink wine leecoloured grumous blood, semifluid and imperfectly coagulated, mixed with whitish-coloured masses of purulent lymph, was found in the inferior cava and in the mesenteric veins.

The liver weighed six pounds three ounces; its structure was not unnatural; its vessels, especially the divisions of the portal vein, contained a large quantity of the same kind of blood, with some fragments of lymph.

The right kidney weighed seven ounces. Its striated structure was healthy, but its surface presented a number of small whitish grey spots, circular in shape and about the size of tares. These were isolated at considerable distances from each other, and they penetrated the kidney about the depth of from one to two lines.

The left kidney weighed six ounces two drachms, was also healthy in its structure, but it presented on its surface a considerable number of the same whitish spots. When these were cut into, they appeared to be homogeneous in structure, of the same consistence, slightly elevated above the rest of the kidney; their number did not exceed eighteen or twenty in each kidney.

Intestines.—In the lower part of the ileum the aggregated patches were not visible; but the whole surface of the mucous membrane presented numerous minute bodies not larger than millet seeds; all separated and isolated from each other, and nearly at equal distances, and almost equally diffused throughout the intestine. These bodies seemed to be the isolated follicles hypertrophied.

The colon was very much contracted, but its internal structure was healthy.

Chest.—The right pleura was connected to the *pleura costalis*

by numerous old shaggy adhesions. The lung itself was healthy, but contained in its middle lobe a small cretaceous mass.

The left pleura was entirely free from adhesions except a small part between the middle and lower lobe. The left lung was natural in structure, except a small portion in the posterior part of the lower lobe, which was slightly hepatized and in the interior granular.

The bronchial tubes of both lungs contained a little viscid mucus.

The blood-vessels of the lungs contained grumous blood with lymph.

The right auricle and ventricle of the heart were filled with blood of the same colour and consistence, and with a considerable quantity of grayish white lymph-looking masses. The left ventricle also contained a quantity of broken-down grumous blood mixed with whitish-gray grains of lymph. The blood in the left auricle was firmer and less broken down. The inner membrane of the heart was perfectly healthy. The valves were a little thicker than natural; but the apertures were not contracted.

Brain.—The convolutions of the right hemisphere were very much flattened and depressed, and in several of the small veins were seen whitish-coloured bodies, like pieces of lymph, which could be moved backwards and forwards by compressing the veins.

The convolutions of the left hemisphere were even more flattened, and lymph was found in a greater number of the veins, and presenting more of a purulent appearance.

Several of the veins at the base of the brain and over the cerebellum were also found containing long whitish cylindrical moulds of lymph; and in the right lateral sinus there was a quantity of brownish-coloured broken down grumous blood, with one or two clots of the same kind, especially where the veins opened into the sinus; but the interior of the sinus itself was not rough, vascular, or thickened.

When the ventricle was opened, the *velum interpositum* was exposed, and the two *venæ Galeni* were found completely filled with lymph, grayish-coloured and firm; and the right one especially was distended, so as to be larger than the left. Several also of the tributary veins of the *venæ Galeni* contained columns of lymph; and several of the small veins of the choroid plexus in like manner contained small columns of whitish lymph.

The brain was thought to communicate more of a viscid feel to the fingers than usual. The white matter of the brain was generally more vascular than usual.

At the anterior extremity of the right *corpus striatum* towards

its outer margin, was a portion of the brain sprinkled with reddish spots, slightly softened, and another at the inferior border of the right *corpus striatum*, each about the size of a small bean, rather irregular in shape.

I may here add, that Dr John Reid, at that time prosector, found, on examining the blood of the veins of the abdomen and the sinuses of the brain by the microscope, that it contained globules of purulent matter and lymph.

Epicrisis, or Clinical Commentary. — The case now recorded presents several peculiar circumstances deserving particular attention. To the 25th of March matters proceeded as in any ordinary case of spleen disease. But on this day there appears to have taken place an attack of febrile symptoms, with indications of some affection of the brain or its membranes. The man complained of pain in the head, chiefly in the right temporal and parietal regions; and he was a little delirious. To these symptoms were speedily added a peculiar febrile expression of the face, and colour of the complexion; and after careful examination of the whole symptoms, the opinion arose in my mind, that there was some serious affection of the brain or its vessels. It appeared, indeed, that the patient presented many of the symptoms of a man labouring under phlebitis; and though no external cause for this could be detected, yet I inferred that there might be some internal cause, by which this state had been induced.

Meanwhile remedies calculated to act on the general and local disorder were prescribed. But no beneficial result ensued. The symptoms proceeded, and became more urgent; and I was confirmed in the opinion first formed, that the disorder was seated in the brain, probably in its vessels; and that it would proceed to the fatal termination.

On the 29th the pain of the head seemed to be gone; that is, it was not now complained of. But the state of the patient was not improved. The weakness was increased; sensibility and consciousness were impaired; and it was manifest that death was approaching with rapid steps. The breathing was sometimes very rapid; then it became slow and languid; while profuse diaphoresis from the head, neck, and chest continued. The mind of the patient wandered much; and at length increasing insensibility and unconsciousness terminated in death.

Inspection of the body, and especially of the vessels of the head and chest, revealed the cause of all this violent disturbance of the system. It then appeared that all the large veins of both these cavities had been the seat of some peculiar derangement, taking place either in their coats, or in the blood flowing through

them. All of these were filled with clots and masses of grumous blood; and most of these clots contained lymph or purulent matter.

These were certainly most distinct and conspicuous in the mesenteric veins; in the sinuses and other venous canals of the brain; and in the heart and its attached veins.

It must at the same time be observed that the inner coat of the veins was not perceptibly roughened, or their coats thickened, as is the case in instances of actual *phlebitis*, or inflammation of the veins. And this may be regarded as in a great measure evidence, that the disturbance which led to the fatal termination, did not consist in simple inflammation of the venous canals. Another circumstance which may be regarded as confirming the same inference, is, that it is almost impossible to suppose, that so many veins, as were found after death, filled with clots of grumous blood and clots containing purulent matter and lymph, could have been either simultaneously or successively inflamed. I therefore think that it is a more probable and rational inference, that by some means or other, purulent matter and lymph had been mixed with the blood, and circulating with it, had given rise to the peculiar febrile and inflammatory symptoms during life, and death in the manner in which it had taken place.

It comes next to be a subject of inquiry how this lymph and purulent matter were formed, and whence they were derived.

If we adopt the inference already stated, that there were no unequivocal indications of inflammation in the venous canals, either of the head, the abdomen, or the chest, then it must follow that this lymph and purulent matter were formed, not within the veins, but without them, or at most at their extremities, or within the substance of some of the organs. The only fact in the whole case which renders this inference in any way or degree doubtful, is the state of the mesenteric veins and of the inferior *cava*; and it is barely possible, that some inflammatory action had taken place in the tributary or constituent veins of the mesenteric trunks; and that the purulent matter and lymph thus formed had been conveyed into their interior with the blood, and thence into the *vena cava*, heart, and vessels of the brain.

This opinion has in its favour mere simple possibility; and of the verisimilitude of correctness of it others must judge.

Another opinion occurred to me, however, as more probable, and which various circumstances in the case induced me to regard as the most correct. Considering that the spleen had been for some time, that is for several weeks, in a state of chronic inflammation, and taking into account the large vessels with which this organ is connected to other organs, it appeared

to me that this inflammatory process, which had been continuing so long without abating, subsiding, or being subdued, was at length beginning to give rise to the formation of lymph and purulent matter, and that these substances, as they were formed, were immediately taken into the veins, and thus circulating with the blood, gave rise to the peculiar assemblage of symptoms, which the patient presented during the few days preceding his death.

And here I know it will be at once objected, that if lymph and purulent matter were thus formed, why were they not deposited, as in other cases, in the shape of an abscess in the spleen, the organ which was the seat of the process; and conversely, if they are taken up or imbibed by the veins in this case, why are they not, in other examples of inflammation and suppuration, also imbibed by the veins and circulated through these canals?

To this objection the answer is simple, and it appears to me conclusive.

The spleen is an organ quite peculiar in its structure, and especially in its connection with blood-vessels. It is, if not altogether, at least very much of an erectile organ. Its vessels also receive a much larger supply of blood than its size and structure seem to require; and, while part of this blood goes to the stomach, it seems probable, if not certain, that at certain periods the spleen contains more blood than at others, and that it is the seat of temporary congestions, or periods of vascular turgescence and erection. On the other hand, it is provided with large and numerous veins. It contains a peculiar parenchyma, or red fleshy sort of substance; but it contains also numerous veins, anastomosing and mutually communicating by open mouths. From this anatomical arrangement, it results that all matters secreted are promptly and readily received or imbibed by its venous canals, and thence conveyed into the venous system of the abdomen, and that of the body at large.

We know, further, that suppuration is an occurrence of great, I had almost said, in the exaggerated language of some of the French pathologists, of infinite rarity; that is, it is very unusual. While other organs proceed very often to suppuration, the spleen, when inflamed, very seldom does so. The reason appears to be, not that purulent matter is not formed, but that, when formed, it is immediately or speedily imbibed by the veins, and then circulated with the blood. In this state it may either be carried out of the system by secretion and excretion, as is known often to happen, or it may, if too great in quantity or too speedily formed for the excreting vessels to accomplish this, alter the physical character of the blood, and thus prove a cause of

serious disorder, and even of death. This, I think, was what took place in the case now recorded. The purulent matter and lymph were formed in so great quantity and so suddenly, that the excreting organs were unable to remove them from the system. They remained in the blood, and circulating with it, first gave rise to the symptoms of febrile and inflammatory disorder observed on the 25th of March, and afterwards in no long time to fatal coagulation, and stoppage of the motion of the blood.

We must confess that we know absolutely nothing of the circumstances which are most likely to prevent this absorption of lymph and purulent matter by the veins. We know, in short, nothing of the circumstances which might determine the formation of a cyst of firm lymph within the spleen, by which alone this result could be prevented. It is, as I have said, a rare occurrence, but not an impossible one; but though it takes place, the result might have been different as to the mode of death, but not as to the actual occurrence of the event.

One fact is undeniable. The lymph and purulent matter were found in the mesenteric veins and venous canals, the veins of the chest, and the sinuses of the brain. If these did not come from the spleen, it is impossible to see whence they did come. It appears, in short, to have been the only organ from which these articles could have proceeded.

When I had once taken the view now given of this case, the whole appeared to me simple and intelligible. It was, however, only one case, and I thought it requisite to look into those authorities with which I was most familiar, to see if there were any cases which bore any resemblance either in symptoms or morbid appearances. Some of the cases of Grottanelli came near it, but none were altogether similar. Then an insurmountable difficulty in tracing pathological similitudes was found in the imperfection of the dissections. In none was the state of the venous canals, or, indeed, any of the vessels noticed. In short, if I am not greatly mistaken, this was the first case in which the condition of the veins after death and the state of the blood had been examined.

So natural, however, seemed my hypothesis, at least to myself, that the more I thought of it, the more confident did I become of its truth.

All sorts of objections did I imagine against it; but still I found the main points of the speculation strong and impregnable. This confidence was perhaps unreasonable and rash; but I found that when the view had once gotten possession of my mind, it seemed like a strong prejudice incapable of being eradicated.

The only mode of counteracting this feeling, and, at the same time, of ascertaining—the moderns call it testing—the truth of the hypothesis, was to keep a strict look out for similar cases; and I watched and waited for several months, nay, I believe, a much longer time, before any case at all like that of Campbell presented itself. At length, about three years and a half after, a patient named John Menteith, from Livingston in West Lothian, by occupation a slater, aged 28, with a splenic tumour not quite so large, but in many respects, as to history and progress, quite similar, applied for advice and assistance on the 18th November 1844. He was admitted and put under treatment; and, after the application of leeches two or three times, the use of purgatives, and a course of the iodide of potassium, he declared himself so much better that he was resolved to go home. I examined him; and found the tumour still there, but certainly less prominent, and, according to the man's own account, less weighty. His wishes, therefore, I could not oppose; and he left the house, promising to return, if the complaint should get worse, as he expressed it.

Some time elapsed; and I was incapable of divesting my mind of the idea, that this man must either die at home, with symptoms similar to those of Campbell, or that he must return to the Infirmary and pass over the same course. At length, after nearly three months, he appeared in the waiting room on the 27th of February 1845, and told me he wished to be again admitted. I would have taken him under my own care into one of my own wards; but I found he had, from the clergyman of Livingston, a note addressed to my friend Dr Christison; and I accordingly directed that he should be sent to the clinical ward. There I observed the progress of the man for some time. At length, about the third week after admission, he was attacked, on the 13th of March, with a set of symptoms so similar to those which preceded the death of Campbell, that I was well assured, that the internal pathological state must be the same, and that it would have the same termination. Death took place, indeed, on the 15th of March 1845, the third day of the attack.

In order to establish the correctness of my reasonings in Campbell's case, it was of the utmost importance to obtain an inspection in this one. The inspection accordingly took place on the 19th March, and I had no hesitation, from my knowledge of the two cases, in predicting that the same appearances, in all essential points, would be found. The result of the examination proved that this prediction was well founded. The venous canals of the chest, abdomen, and brain contained quite similar clots of blood, and the same purulent and lymphoid deposits.

The details of this case, however, are now published by Dr Bennett, who conducted the inspection; and readers will have an opportunity of comparing the appearances recognised in these two cases, and of perceiving how similar they are in all essential circumstances. They will also, I think, understand the peculiar mode in which this disease proves fatal.

Whatever opinion may be entertained on the exact source of the lymph and purulent matter, it seems impossible to resist the conclusion, that in this form of disease of the spleen, they are secreted, and being then mixed with the blood, they cause much disorder in the sanguiferous system, and finally destroy the patient.

